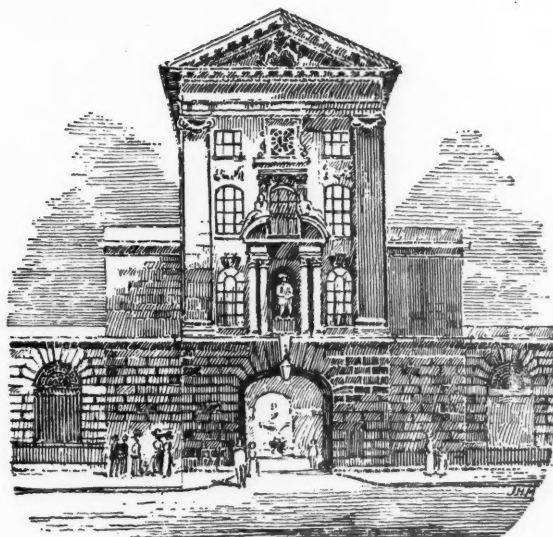


# ST BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. XXXVIII.—No. 5.

FEBRUARY, 1931.

[PRICE NINEPENCE.]

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# St. Bartholomew's Hospital



"Æquam memento rebus in arduis  
Servare mentem."  
—Horace, Book ii, Ode iii.

## JOURNAL.

VOL. XXXVIII. — No. 5.]

FEBRUARY 1ST, 1931.

PRICE NINEPENCE.

### CALENDAR.

- Mon., Feb. 2.—Special Subject: Clinical Lecture by Mr. Bedford Russell.
- Tues., „ 3.—Sir Thomas Horder and Mr. L. Bathe Rawling on duty.
- Wed., „ 4.—Surgery: Clinical Lecture by Sir Holburt Waring.
- Fri., „ 6.—Dr. C. M. Hinds Howell and Sir C. Gordon-Watson on duty.
- Medicine: Clinical Lecture by Dr. Gow.
- Sat., „ 7.—Hockey Match v. R.M.C. Sandhurst. Away.
- Mon., „ 9.—Special Subject: Clinical Lecture by Mr. Just.
- Tues., „ 10.—Dr. Gow and Mr. Harold Wilson on duty.
- Wed., „ 11.—Surgery: Clinical Lecture by Sir C. Gordon-Watson.
- Hockey Match v. Keble College, Oxford. Home.
- Alpine Club:** Dinner at Holborn Restaurant, 7.15 p.m.
- Thurs., „ 12.—**Abernethian Society: Mid-Sessional Address by Dr. D. N. Buchanan, 8.30 p.m.**
- Fri., „ 13.—Prof. Fraser and Prof. Gask on duty.
- Medicine: Clinical Lecture by Sir Thomas Horder.
- Sat., „ 14.—Rugby Match v. Bedford. Away.
- Association Match v. Old Aldenhamians. Away.
- Hockey Match v. R.E. Chatham. Away.
- Mon., „ 16.—Special Subject: Clinical Lecture by Mr. Elmslie.
- Last day for receiving matter for the March issue of the Journal.**
- Tues., „ 17.—Sir Percival Hartley and Sir Holburt Waring on duty.
- Wed., „ 18.—Surgery: Clinical Lecture by Mr. Harold Wilson.
- Hockey Match v. Epsom. Home.
- Fri., „ 20.—Sir Thomas Horder and Mr. L. Bathe Rawling on duty.
- Medicine: Clinical Lecture by Dr. C. M. Hinds Howell.
- Sat., „ 21.—Rugby Match v. Devonport Services. Home.
- Association Match v. Keble College. Home.
- Hockey Match v. Mill Hill. Home.
- Mon., „ 23.—Special Subject: Clinical Lecture by Mr. Bedford Russell.
- Tues., „ 24.—Dr. C. M. Hinds Howell and Sir C. Gordon-Watson on duty.
- Wed., „ 25.—Surgery: Clinical Lecture by Mr. L. Bathe Rawling.
- Hockey Match v. Kingston Grammar School. Away.
- Fri., „ 27.—Dr. Gow and Mr. Harold Wilson on duty.
- Medicine: Clinical Lecture by Sir Thomas Horder.
- Sat., „ 28.—Rugby Match v. Old Millhillians. Away.
- Association Match v. Old Malvernians. Home.
- Hockey Match v. Brentwood. Home.

### EDITORIAL.

#### THE SIR D'ARCY POWER BIRTHDAY VOLUME.

On Wednesday, January 21st, at a meeting held in the Great Hall, Sir D'Arcy Power was presented with a copy of his *Selected Writings* (The Clarendon Press, 1931) by Lord Moynihan, P.R.C.S. We publish on p. 91 a full report of the speeches, sent to us by the Editor of the *British Medical Journal*. It is not, however, by the speeches that those who were present will remember the occasion, so much as by the atmosphere of informality and of friendliness in which they were delivered.

\* \* \*

Dr. J. B. HURRY.

We have received a memoir of Jamieson Boyd Hurry, reprinted from his posthumously published book, *The Wood Plant and its Dye* (Oxford University Press). Sympathetically written by Mr. Warren Dawson, himself a well-known Egyptologist, it will be read with interest not only by those who knew Dr. Hurry personally, but by the many who knew him through his books and his philanthropy.

\* \* \*

"REP OMNIA."

The selection from the Christmas Shows, dignified by the title of *Rahere's 1930 Revue*, was performed in the Great Hall on Saturday, January 10th. The twenty-two turns followed each other with admirable promptness, and the evening was a complete success, although at one stage there appeared to be some doubt as to whether the performers were behind or in front of the footlights.

During the interval a silver collection, in aid of the Hospital Reconstruction Fund, realized some £14.

We hope that the Christmas Shows will continue to maintain a standard sufficiently high to merit this "Rep-ping" in the future.

\* \* \*

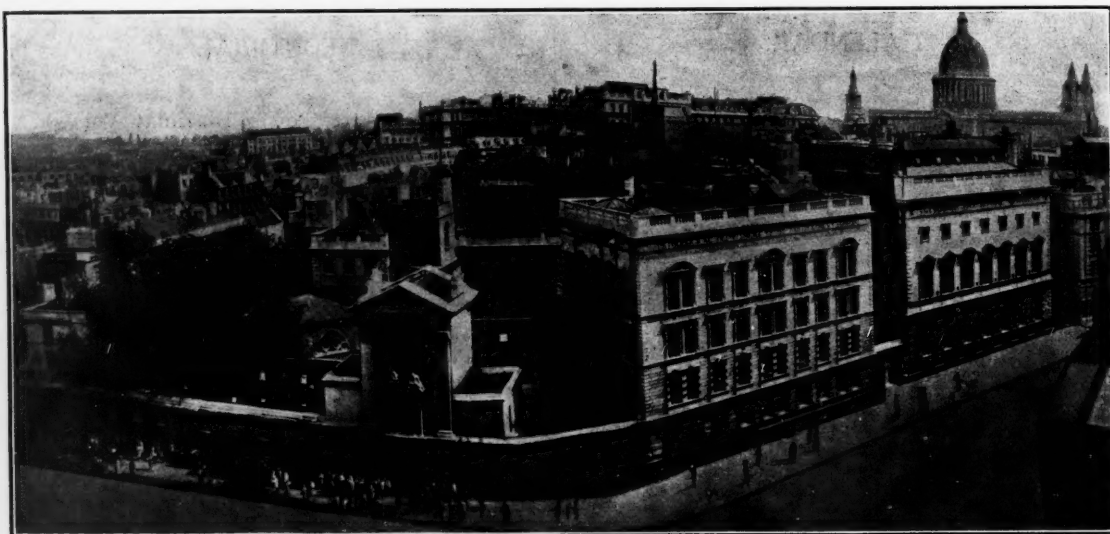
#### ABERNETHIAN SOCIETY.

On Thursday, February 12th, the Mid-Sessional Address will be delivered by Dr. D. N. Buchanan on "Hypnotism" with a Practical Demonstration in the Medical and Surgical Theatre at 8.30 p.m.

On Thursday, April 30th, Sir Arthur Keith will deliver an address in honour of the memory of John Abernethy, who died on April 30th, 1831.

and the deaths of famous men, victories, defeats, the publication of books, the dawn of new conceptions—and lately, under the vigorous stimulus of Dr. Wellcome, the tercentenary of the advent into therapeutics of a drug, quinine.

Dr. Wellcome, lavish of hand as generous of mind, ordained a three-days' festival: from December 7th to 10th the doors of The Wellcome Historical Medical Museum were thrown more than usually wide open, while a crowd of ambassadors, scientists, men of affairs, divines, specialists and humble practitioners of the art of medicine paid tribute to quinine and to the men who made practicable its employment in the struggle against



A NEW VIEW OF THE HOSPITAL.

#### ST. BARTHOLOMEW'S HOSPITAL ALPINE CLUB.

The next meeting of the Club will be held at the Holborn Restaurant on Wednesday, February 11th, preceded by Dinner (price 5s.) at 7.15 p.m.

Dr. Garrod will read a paper illustrated by lantern-views on Climbing in the Dolomites, and cinematograph films of climbing, ski-ing and other winter sports will be shown.

Will members kindly make a note of this date?

\* \* \*

#### CENTENARIES AND CINCHONA.

To some the dawn of each day comes as an ever-recurring miracle: to others as yet another excuse for celebrating a centenary. We have celebrated the births

malaria. Twice a day for three days men, distinguished in their respective walks of life, rose to praise quinine; and during the whole time an unique exhibition of books, pictures, barks, powders, of everything appertaining to the history of the use of quinine testified not only to the interest of the subject, but also to the genius for organization and arrangement possessed by Dr. Wellcome and the members of his staff.

No man is ever allowed to leave the Wellcome Museum empty-handed. The Hickman Centenary last year was made an excuse for the publication of a copiously illustrated souvenir, dealing exhaustively with the life and work of that sad figure in the history of surgical anæsthesia. The Cinchona Tercentenary has enriched our book-shelves with an elaborately annotated and very pleasing catalogue of the exhibition.



Among the sections of the Exhibition we would draw particular attention to that dealing with Malaria. Taken from the Wellcome Museum of Medical Science in Gordon Street, "it offers an example of . . . the synoptical method of museum demonstration. Here the disease is shown in all its aspects—historical, ætiological, pathological, clinical, therapeutic and preventive." The method is used at the Medical Science Museum to display the whole field of medicine in paintings, photomicrographs, actual specimens, wax models, with simple descriptive labels. To visit this Museum is to walk through the covers into the pages of a text-book of medicine—a text-book, moreover, that is kept perpetually up-to-date. No medical student can afford to deny himself this experience.

\* \* \*

#### NEW YEAR HONOURS.

Congratulations to the following on their appearance in the New Year Honours List :

*Knight Bachelor*.—Ambrose Edgar Woodall, M.D., M.Sc., Ch.B., F.R.C.S.

*C.B.E.*—Major Ernest Blechynden Waggett, D.S.O., T.D., M.A., M.B., B.Ch., M.R.C.S., L.R.C.P.


*O.B.E.*—Lt.-Col. John William McCoy, I.M.S.

\* \* \*

The Warden requests us to announce that all applications for House Appointments should be made at the College Office before 12 noon on Saturday, February 14th.

## THE SIR D'ARCY POWER BIRTHDAY VOLUME.

### THE PRESENTATION CEREMONY.

 N Wednesday, January 21st, in the Great Hall of the Hospital, Lord Moynihan, P.R.C.S., presented to Sir D'Arcy Power, on behalf of the subscribers, the specially printed and bound copy of Sir D'Arcy's *Selected Writings*, which has been prepared in honour of his seventy-fifth birthday. A large gathering of subscribers and friends assembled under the Chairmanship of Lord Stanmore, Treasurer of the Hospital.

Through the kindness of the Editor of the *British Medical Journal*, we publish the following account of the ceremony :

LORD MOYNIHAN, in making the presentation, said : A multitude of diverse duties falls to the lot of the President of the Royal College of Surgeons, but I can truthfully say that no more pleasurable obligation has

been laid upon me during my term of office than that which I am asked to fulfil to-day. I am frequently, and perhaps a little imperiously, reminded by my numerous St. Bartholomew's colleagues on the Council of the College, that whereas they enjoy the dignity of membership of your Staff, I am to be regarded only as one of your students. But even that minor office carries to my ears a title of great honour. The members of the Staff of this oldest and most renowned of British hospitals have not always been men of the highest professional distinction, though both you and they might be greatly surprised to hear so gruff a statement made in regard to them ; but more often than in the case of any other hospital, they have been men of distinguished character and fine general culture—great even in truancy—who have added to the renown and respect of our profession. I like to think that of three supremely great Englishmen in medicine, Harvey was a physician to this Hospital ; Hunter, our patron saint at the College, was a student under that great little gentleman, Percivall Pott ; and it is difficult to believe that Lister would have escaped you had he not been a Quaker. I am therefore full of pride at your request to return to what I will venture to call, I hope without arrogance, my old Hospital. The occasion of my return makes a very warm appeal to me ; for I am asked to help you in doing honour to an old and beloved colleague. It is, I think, significant and delightful that the initial impulse and the sustaining power of this project came from the younger men, and is associated with the energies of the Osler Club, and I may perhaps be permitted to mention the names of W. R. Bett and A. W. Franklin.

Sir D'Arcy Power, the most eminent medical historian of our day, illustrious son of a distinguished father, is, it is perhaps unnecessary in view of his distinguished career to say, a Yorkshireman. He joined the Council of the Royal College of Surgeons on the same day as myself. He has held many offices, and one, that of Honorary Librarian, has, in view of his high accomplishments, deep and accurate knowledge, and unwearied service for us, been created for him. The fact that he has served his full period upon your Staff is in itself the testimony he would himself most value as to his surgical distinction. Yet when the name of D'Arcy Power comes to my mind, or his familiar image to my eye, I recall on the instant, not his career as a surgeon, not even his unrivalled knowledge of surgical history, from which the *British Journal of Surgery* has continuously and greatly benefited, but his friendliness, his cheery disposition, and his beauty of character. When we call to mind the name and services of our professional friends, we judge them, I think, not by the size of their practice, nor the money they have with so great difficulty

accumulated, nor by their contributions to the science, the craft, or the lore of medicine, but by their character and their influence upon the younger members of our calling, through whom they earn immortality. For it is not by his wealth, nor by his learning, nor even by his wisdom that a man is rightly esteemed, but by his character. Judged by this sternest of all standards, you will all at once agree, D'Arcy Power has been one of the greatest influences in medicine in our day. He has been prudent in counsel, wise in action, eloquent in word, written or spoken, imperturbable and resolute in time of challenge and difficulty, a staunch, loyal, happy friend whom all men have welcomed and trusted and loved.

Lord Moynihan then handed the book to the recipient.

Sir D'Arcy POWER, who was received with long-continued applause, said: My instructions are that I should be brief, very brief indeed, but my feelings are so deep that I can hardly express them at all. I am afraid that Lord Moynihan has spoken with the tongue of partiality and biased friendship. I have not deserved the half of what he has said. All that I can say for myself is that I have had a good memory, and when I have been asked a question I have tried to reply to it from such knowledge as I possess. Sometimes I have been fortunate, sometimes I have been wrong. I have been at many meetings in this Hall, and seen many presentations, but this occasion to me is quite unique. On all previous occasions it has been the presentation of a portrait. I do not know of an occasion on which pupils—if I may use that expression—have given their master a selection from his own writings. I think that must stand absolutely by itself. When a book has been given—and that form of presentation has been adopted on the Continent and in the United States, and occasionally in this country—the contributions in the book have always been made by the pupils themselves. It was thought, I suppose, to be more appropriate that the master should not be reminded of the very poor things that he had often written himself. But this occasion is unique in that the volume presented to me consists of my own writings, and I have to thank, not only the Osler Club, who were the begetters of this beautiful idea, but also Mr. Franklin, and those who have carried it into execution. As I look through the book I can see that it is beautifully produced, as a book-lover would love to have his writings preserved. The paper is good, the inscription goes to my heart, the pages are beautifully set out. *Simplex munditiis*. And I see that the production is in the very best style of the Clarendon Press. Then I notice how excellent is the binding, and there I am sure my sister (Mrs. Loosely), who is a first-rate binder, has evidently been at work, and has put her whole heart into this undertaking and

made it as pleasing as it can be. I feel sure that there is an undercurrent of feeling in all this which will certainly leave a lasting memory of personal affection, making this no stereotyped presentation in any way. It seems to me that in some way quite unknown to myself I have entered into your hearts, and I am quite sure, as we have been taught in other places, that it is better to live in the hearts of men than to rule over their lives and fortunes. I am in that fortunate position with respect to all those who have taken part in the presentation of this volume, whom I thank very heartily.

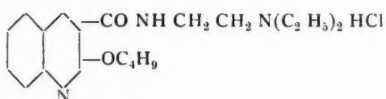
Prof. G. E. GASK said that there had been a large number of letters from subscribers regretting their inability to attend, but he would read only three telegrams, one from the Institute of Medical History in Leipzig, sending heartiest greetings and best wishes to Sir D'Arcy Power; another from Prof. Karl Sudhoff, also of Leipzig; and the third from Sir Robert Jones, all uniting in doing honour to their distinguished friend. Prof. Gask went on to say that he would like to offer the thanks of those assembled to one of the more recent "perpetual students" of St. Bartholomew's—namely, Lord Moynihan—for coming there and giving one of his charming speeches, which had been listened to with so much pleasure. Lord Moynihan had spoken of Sir D'Arcy Power as a surgeon, a medical historian and bibliographer, and Librarian of the Royal College of Surgeons, and nothing could be added to the way in which he had done so. But he himself had known Sir D'Arcy Power for more than thirty years, and he wished to add one small touch of personal reminiscence. He remembered him when he was appointed to the Hospital as Assistant Surgeon, and from that time onwards one of his chief characteristics was his sunny disposition. That characteristic had remained with him through all his long life, had helped him through some great sorrows, and left him with a smile on his face and a merry wit. The work in connection with the volume which had been presented was a great pleasure to all who had been engaged in it. The idea was evolved by the Osler Club, who had borne the brunt of the work. It had been a labour of love. He called upon the gathering to express its thanks to those who had had the presentation in charge, also to Lord Stanmore for presiding, and to Lord Moynihan for making the presentation.

*Sir D'Arcy Power's Selected Writings, 1877-1930*, is published by the Clarendon Press. Five hundred copies were printed, of which two hundred and fifty-three were reserved for the subscribers, and contain a list of subscribers' names; the remainder of the edition is for general sale. A special review of the book will be published in the March issue of the JOURNAL.

## HIGH SPINAL BLOCK ANALGESIA WITH PERCAINE.

**T**HE frequency with which new anæsthetic drugs and novel techniques of administration appear in the medical press is becoming bewildering, but it is comparatively rare that much real advance is made over existing and well-tried methods. An exception, however, appears to have occurred in the introduction of "percaïne," for this substance has certain properties which are so far unique among local analgesics (1).

Percaïne is  $\alpha$ -butyl-oxycinchoninic acid diethylethyl-endiamide hydrochloride with the formula—



and is consequently not related to the cocaine or novocaine group but is a derivative of quinoline. The discovery of the analgesic properties of the drug was made by Karl Meischer, and it is now manufactured by the Society of Chemical Industry in Basle. Percaïne forms colourless crystals which readily dissolve in water, producing a neutral solution. This may be repeatedly boiled for sterilization provided that there is no trace of alkali in the water. For safety's sake 5 minims of dilute HCl is added to each litre of solution.

The special features of percaïne are its extreme potency and its duration of action. It is approximately twenty times stronger than novocaine and cocaine used in a dilution of 1 in 2000, while analgesia persists for at least 3 hours, and has been recorded for 10 hours. Percaïne is a slight vaso-dilator, and for infiltration analgesia it is necessary to add adrenalin in the same way as when novocaine is employed. The maximum amount of the solid drug which may be injected into an adult at one time is 0.2 gm., which represents 400 c.c. of a 1 in 2000 solution—a volume which should be adequate for the most enthusiastic anæsthetist!

It is, however, as a spinal analgesic that percaïne excels. In the last few years a great deal has been written (some of it quite unsound) on the subject of spinal analgesia, and it is unfortunate that the exaggerated claims made for certain techniques and preparations should have tended to discredit a valuable method. Mr. Howard Jones, Senior Anæsthetist to Charing Cross Hospital, has done a great deal of work upon the mechanism of spinal block with special reference to percaïne (2), and it is his technique which I propose to describe.

Before discussing the application of percaïne to spinal analgesia it may be well to recapitulate some of the characteristics of the cerebro-spinal fluid. This is believed to be secreted by the choroid plexuses and in the perivascular spaces of the pia mater, and to be absorbed near the caudal end of the dural sac. Its amount has been variously estimated at between 60 and 150 c.c., and its specific gravity is usually between 1.004 and 1.008 (3). This wide variation renders the employment of an exactly isobaric solution impossible. The cerebro-spinal pressure is normally about 10 mm. Hg. The rate of absorption of injected fluids is high, e. g. 580 c.c. have been introduced into a dog within two hours (Duret).

The extreme dilutions in which percaïne is effective have made it possible for the first time to employ low specific gravity solutions by simply using hypotonic saline, since the minute weight of the dissolved drug makes no appreciable difference. For example, percaïne in a 1 in 1500 solution in 0.5% saline has a specific gravity of 1.00345 at 35.5° C. This is practically always hypobaric, i. e. its specific gravity is lower than that of cerebro-spinal fluid. The essential feature of the new technique is that the subarachnoid space is treated in exactly the same way as other tissues in an infiltration analgesia, in that a relatively forcible injection of a large volume of a dilute solution is made; no fluid is withdrawn, and the level of analgesia is determined entirely by the amount of fluid injected. This is obviously more accurate than the older method of injecting a small volume of a concentrated solution of stovaine or novocaine, since even if such a solution be artificially "lightened," the heavier constituents will become subject to gravitational diffusion when admixture with cerebro-spinal fluid takes place, and the result must be uncertain.

### TECHNIQUE OF ADMINISTRATION.

For all ordinary purposes a hypobaric solution is employed, and this can now be obtained ready sterilized in ampoules, each of which contains 20 c.c. of 1 in 1500 percaïne in 0.5% saline.

About half an hour before operation the patient's eyes are lightly bandaged, his ears are plugged with wool and he is given a hypodermic injection containing not more than morphia gr.  $\frac{1}{8}$  and hyoscine gr.  $\frac{1}{150}$ . The reason for the small dose will be seen later. The patient is then placed on his side with his knees drawn up and the lumbar puncture performed. A 9 cm. stainless steel needle 1.2 mm. in diameter and with a 45° bevel ensures a practically painless puncture, and the extremely small hole reduces subsequent leakage to a minimum.

For most abdominal operations the puncture should be made between L1 and L2, no cerebro-spinal fluid is withdrawn, and the injection is made from a 20 c.c. Record syringe. High abdominal operations, such as gastrectomy or cholecystectomy, require a block up to D3 or D4, and this is usually attained by an injection of 15 c.c. For low operations such as prostatectomy, appendectomy or hysterectomy a block up to D8 or D9 is sufficient, and this should result from 12 c.c. of solution. Simple caudal block can be obtained by injecting 6 c.c. between L4 and L5. These doses are calculated for a man of average build; a tall man will require slightly more and a short woman slightly less quantities.

The solution is injected slowly, the needle is withdrawn, and ephedrin gr.  $1\frac{1}{2}$  is injected intramuscularly. The patient is then turned on to his face and the table given a slight tilt with the head down. This position will soak the posterior roots and should be maintained for about 5 minutes. If this manœuvre be omitted an anterior root block only may take place, *i. e.* the patient will develop motor paralysis without analgesia. The patient is next turned on to his back, and may now be placed in any degree of Trendelenburg or in the lithotomy position, but on no account must a "feet-down" slope be allowed. This may be resented by a surgeon about to operate upon the gall-bladder, but the absolute relaxation more than compensates for the unusual position. The site of operation is next prepared, the towels arranged, and the highest towel clip allowed to penetrate the skin. If no protest follows, the operation should be started. It is a great mistake to ask the patient if he feels anything as he will certainly say so if he does, and the question will tend to destroy his confidence.

It need hardly be added that the strictest asepsis must be observed during the injection. All syringes and needles must be boiled for at least 20 minutes in water without sodium bicarbonate, and the ampoules must have been kept in spirit for at least 24 hours.

#### OBSERVATIONS DURING OPERATION.

*Comfort of patient.*—Analgesia is usually perfect and the patient often sleeps throughout the operation. Several factors, however, may render him uncomfortable:

(1) The "head-down" position in a hot and stuffy theatre may give rise to a stifling sensation, which can be greatly mitigated by sponging the face with cold water, and by allowing a weak air blast from a fan or pump to play on the face. In the new theatres of this hospital a rubber tube from the "air-plus" cock on the pillar provides a convenient air current.

(2) The patient may complain of feeling parched or faint. A small swab soaked in dilute brandy and placed in his mouth to suck will relieve both conditions.

(3) Nausea and even vomiting may occur if the surgeon exerts undue traction on the stomach. This is due to impulses passing along the gastric branches of the vagi, and can be reduced by injecting a small quantity of percaine solution under the peritoneum in front of and behind the abdominal portion of the œsophagus, if the stomach can be brought down sufficiently for this proceeding to be carried out.

*Blood-pressure.*—It is a mistake to take frequent blood-pressure readings as this disturbs a patient greatly, and sufficient information can be obtained by the observation of his colour and the characteristics of his pulse. A slight drop in pressure is inevitable in high analgesias when splanchnic block is complete owing to the vaso-motor paralysis, but it is less than when novocaine or stovaine is used, as the percaine is less toxic when absorbed into the blood-stream. A steeper tilt to the table will usually check an excessive fall of pressure, but a second dose of ephedrin or pituitrin produces little or no effect.

*Respiration* is usually shallow and regular but must always be watched for impending failure. This is less likely to occur from phrenic paralysis than from fatigue of the respiratory centre, caused by the anoxæmia resulting from imperfect lung ventilation due to the temporary paralysis of most of the intercostal muscles (10). The administration of a  $\text{CO}_2$ - $\text{O}_2$  mixture will rapidly restore regular breathing unless the centre has already been badly narcotized by large doses of morphia, avertin or similar drugs. In this connection it might be observed that a patient will actually be safer from respiratory failure if he is having  $\text{N}_2\text{O} + \text{O}_2$  with partial rebreathing than if no inhalation anæsthesia is being administered. At the same time, the transmitted movements to the abdominal viscera may be excessive, since the diaphragm will have a larger excursion to compensate for the intercostal paralysis, and this may be inconvenient to the surgeon.

#### RESULTS.

We may now pass to a consideration of the first sixty cases anæsthetized by the writer with the method described. It should be observed that only "high" blocks are included in this series, *i. e.* operations in which the abdominal incision was expected to extend to near the costal margin. It is possible, by using slightly larger doses, to do low thoracotomies or thoracoplasties by the same method, but since pure  $\text{N}_2\text{O}-\text{O}_2$  anæsthesia



gives such excellent results in thoracic surgery (4) spinal block seems hardly justifiable.

*The age of the patients* varied from a girl of 18 who had an abdominal sympathectomy performed for Hirschsprung's disease, to an old gentleman of 80 who suffered an almost complete gastrectomy for carcinoma. The latter patient successfully survived his operation, but unfortunately had an enlarged prostate which necessitated frequent catheterization, and he eventually developed ascending pyelo-nephritis and died of uræmia.

*The type of operation* in most cases was partial gastrectomy, gastro-enterostomy or cholecystectomy. The remainder were mainly inspections of inoperable growths.

*The time of operation* varied from 19 minutes to 3 hours 2 minutes, the average being 1 hour 40 minutes. In no case did the analgesia pass off before the conclusion of the operation. This is, of course, in marked contrast to spinal blocks with stovaine, novocaine or tropacocaine (5) and (8).

*Degree of analgesia.*—In no case did analgesia fail to develop and in no case did a patient feel actual pain. Severe traction on the stomach was the usual cause of discomfort and nausea. In every case in which vagal block was attempted the discomfort passed off: in the others, inhalation of  $N_2O-O_2$  was given (6 cases=10%). With the exception of one particularly nervous man no inhalation anæsthesia was given to the other patients (53 cases=88%).

*Post-operative condition of patients.*—This was, on the average, better than would be expected after pure inhalation anæsthesia. Several patients after partial gastrectomy had pulse-rates identical with those at the start. It was particularly noticeable that proceedings which usually give rise to signs of shock (*e.g.* the insertion of mechanical retractors and eversion of the liver) had little or no apparent effect when the protection of splanchnic block (which obtains with this technique) was afforded.

*Mortality.*—There has been no immediate mortality in this series. As regards remote mortality, it is exceedingly difficult to apportion the fair degree of blame to the anæsthesia. Four patients have died within a week of operation (6.6%). All were regarded as poor risks, and in one case the operation was actually abandoned as being unjustifiable after the injection had been given. Another case developed broncho-pneumonia which terminated fatally. It is worthy of note in passing that he had had no inhalation anæsthesia.

*After-effects.*—The only after-effects which can be directly attributed to the spinal analgesia have been headaches. These have been severe in three cases, and one other patient complained of pain in the back of his

neck which persisted for ten days. These sequels are, of course, common to all varieties of spinal analgesia and may indeed occur after a simple lumbar puncture. The exact cause still remains obscure, but it is apparently due to some disparity between the intracranial and spinal pressures. The very fine needles used minimize subsequent leakage of cerebro-spinal fluid and have probably contributed to the relative rarity of headaches (6.6%). It is said that the condition can always be relieved temporarily and often permanently by the intravenous injection of 20 c.c. of 50% glucose solution.

There is another matter which might be referred to under "after-effects" and that is the remembrance of events by the patient. Although the amnesia afforded by the hyoscine is often complete some patients remember more than is desirable, and loud conversation and the jangling of instruments should be avoided. One patient, on being asked how she had fared, replied, "I didn't feel anything at all, but I got rather alarmed when Mr. — (the surgeon) told Mr. — (the house-surgeon) that he was the clumsiest assistant he had ever seen!"

#### COMPARISON WITH OTHER METHODS.

The only other types of local analgesia which can give comparable results are (i) combined splanchnic and abdominal wall field block, and (ii) combined splanchnic and para-vertebral block—methods which have already been tried out (6). The high spinal percaine method possesses the following advantages over either of these:

- (1) The analgesia is more certain and complete.
- (2) The technique is easier and takes less time.
- (3) The volume of solution used is less than one-fifth, with consequent reduction of toxicity from absorption.

#### CONCLUSION.

It is admitted that 60 cases are quite inadequate for any generalization, yet the results obtained agree substantially with those of many series done elsewhere (7), and it seems just to conclude that high spinal analgesia with percaine is one of the best methods at present known for high abdominal surgery.

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C. LANGTON HEWER.

## WINGED SCAPULA.

**W**INGED scapula constitutes a favourite short case at most of the qualifying examinations in surgery, and this article may be considered to be the direct outcome of a recent personal experience of such a case in the above circumstances. Anyone who has attained the standard which will allow of his presenting himself for such an examination must have seen at least one case, if not numbers of them. Recognition of the condition is easy, but one gathers from the the “small talk” of the stairway and cloak room at Examination Hall that considerable distress is caused by too close questioning as to the ætiology of the condition, the diagnosis of the muscle paralysed, etc. It is a pity to allow examiners to score so easily; hence the writer hopes that the following short exposition of the subject may be of interest to all.

The first reported case of an isolated paralysis of the serratus magnus was made by Velpeau, and published in his *Traité d'Anatomie Chirurgicale* in 1835. Some thirty-four years later, Duchenne, writing in his work on the physiology of movement, classifies these paralysees as (a) isolated and (b) associated, according to whether the nerve of Bell alone is affected, or the nerve involvement is more extensive. A more recent classification is that of (a) central, (b) peripheral origin. Numbers of cases were published in this country, Germany and France after attention was drawn to the condition by Duchenne. In 1907 Henri Claude and Descamps reviewed the literature then available, and could only find 26 authentic cases of isolated paralysis, the greater bulk being associated paralysees either badly observed or carelessly examined, and so reported as isolated cases. Since then numbers of cases have been reported

from time to time. Von Eiselberg first attempted the operative treatment of the condition in 1898.

### ÆTIOLOGY.

The condition is most common in males aged 25 to 40 years, and usually occurs on the right side; Derocque reports a case of pure peripheral paralysis on the left side. It is apparently rare as an isolated lesion, most cases presenting a partially affected trapezius.

Trauma plays a considerable part: wounds in the neck; carrying heavy weights upon the shoulder; continuous use of the scapular muscles. A paralysis occurring in patients whose work consists in carrying

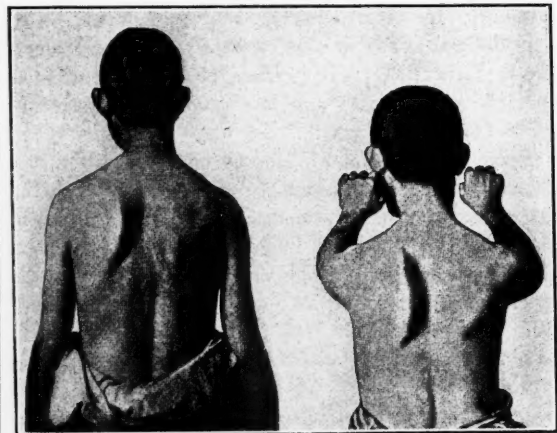


FIG. 1.

FIG. 2.

FIG. 1.—Paralysis of the serratus magnus on the left side. The patient is at rest. The prominent border of the scapula is well shown. (Henri Claude.)

FIG. 2.—The same case showing the increase of prominence of the border of the scapula on asking the patient to raise the arms in front of him. (Henri Claude.)

heavy loads upon the shoulder would appear to be due to the exposed position of the nerve of Bell as it crosses the scalenus medius muscle in the neck. Skillern reports a case in a young man whose work involved continuous full extension of the arm and shoulder some 800 times per night. Paralysis follows injury to the nerve in operation for carcinoma of the breast.

Other causes are compression by tumours in the neck; involvement by inflammation, *e.g.* cervical Pott's disease, with abscess formation; involvement of the anterior horn-cells by polio-myelitis.

Inflammation of the sub-scapular bursa is a cause of palsy of the posterior nerve of Bell; this is often

overlooked. The nerve runs down the sub-scapularis in contact with this bursa.

Acute specific fevers, such as typhoid, are occasionally followed by the development of this palsy.

#### SIGNS AND SYMPTOMS.

(1) Deformity of the shoulder: The antagonistic trapezius, rhomboids and levator angulæ scapulæ, being unopposed and free to act, produce the deviation of the scapula, whilst the serratus magnus, freed from its taskmaster, the nerve of Bell, lies dormant upon the chest-wall. Thus the spinal border of the scapula of the affected side is closer to the median line than on the normal side, and is more prominent, particularly at its inferior angle, the whole scapula being drawn upwards a varying amount, in different cases, due to the pull of the unopposed trapezius.

This deformity is greatly exaggerated when the patient brings his arm forward to the horizontal in front of him, or attempts to cross his arms behind him. The "winging" due to the action of the trapezius will disappear on the patient passing his arm above his head.

(2) Thoracic deformities: Souques described these in 1908. The thoracic wall is more prominent in front and somewhat retracted behind, the whole tending to be more prominent in front on the affected side.

(3) A double scoliosis is occasionally seen in long-standing cases; one is a cervico-dorsal and the other dorso-lumbar.

(4) Diminution and impairment of muscular force, consequent upon the insufficient fixation of the scapula, are apparent, and may be the sole complaint of the patient.

(4) The electrical reactions of the paralysed muscle are those of degeneration.

#### DIAGNOSIS.

Congenital elevation of the scapula must be excluded, likewise elevation due to paralysis of the trapezius. An effort should be made to locate the cause centrally or peripherally, as this materially affects the prognosis; those of central origin are usually progressive, whilst the peripheral are stationary.

Neuropathic types of atrophy beginning in the shoulder-girdle must be distinguished. The myelopathic atrophies, such as syringomyelia, may give rise to a similar condition, but usually diagnosis presents very little difficulty. Henri Claude, Vigoureux and Lhermitte published a paper on muscular atrophy following cervical and thoracic injuries presenting all the characters of localized myopathies, in which paralysis of the serratus magnus was a prominent feature.

#### TREATMENT.

The conservative treatment by massage, faradism and re-education would not appear to be very effective. This disability in a bread-winner seems to call for some more permanent method of treatment, *i.e.* operative. Incomplete injury, of course, does not call for operative treatment, and will probably yield to the more conservative methods. With the reaction of degeneration present operative treatment must be considered, and except where the nerve has been injured at operation, suture is out of the question.

In 1898 Von Eiselberg attempted the operative treatment of this malady by a costo-scapular fixation. Unfortunately his case thus treated suffered great pain, and he was forced to abandon the idea of treating any further cases by this method.

In 1904 Duval attempted to perform a musculo-tendon graft, but was forced to give this up owing to the insufficiency of available grafting material.

In 1908 Mencièr came back to von Eiselberg's original plan, and succeeded in suturing, sub-periosteally, the scapula to the fifth, sixth and seventh ribs. The arm of the affected side was immobilized after operation for a sufficient length of time for adhesion to the chest-wall to occur. The treatment was successful and the patient suffered no pain. Mencièr considered that the pain in von Eiselberg's case was due to damage or involvement of the costal nerves in the operation or the sutures.

In 1914 Skillern suggested the inosculation of the proximal end of a healthy nerve to the distal end of the injured long thoracic nerve. Choice of such a nerve was made of the short sub-scapular nerve, because it is the least important of the three sub-scapular nerves and is derived from the fifth and sixth cervical roots, the long thoracic coming from the same two roots in addition to the cervical seventh. The short sub-scapular has two branches, and thus one of these may be utilized without materially affecting its functions.

Choyce, in his *System of Surgery*, suggests transplantation of the sterno-costal portion of the pectoralis major into the inferior angle of the scapula.

Mathieu divides the third and fourth ribs near to the spine, and attaches the border of the scapula to their proximal extremities.

Thus three types of operative treatment are available:

- (1) Nerve-grafts.
- (2) Fixation.
- (3) Muscle-grafts.

Much of the above information has been obtained by reference to the following sources, and also from Henri Claude's excellent text-book of *Nervous Diseases*, vol. i, and Choyce's *System of Surgery*, vol. iii.

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 A. ANDREASEN.

## THE AFFAIR OF NUMBER 989 HARLEY STREET.

(With apologies to the late Sir Arthur Conan Doyle.)

**T**HE task of reading for a medical qualification, which Sherlock Holmes set himself, proved, I am inclined to think, a more formidable one than he had at first realized. To men of genius, great intellectual efforts may be comparatively easy. But at the age when my friend began his medical studies, his mind, although not altogether rigid, had not that elasticity which makes academic achievements commoner in younger men. We are all familiar with the brilliant young men who in their earlier days take one degree after another; but while in later life they attain a high degree of wisdom and maturity, it is unusual for them to wander far from their own particular line of work. For instance, it is rare for a middle-aged practitioner to turn aside from medicine and take a degree in music, whatever talent he may have as an amateur. And so it was with Holmes. To be frank, he found his work very difficult. He was excused only part of his first examination, but the mechanics and botany tried him sorely. He strove manfully with old examination papers which I lent him. Such questions as estimating the thrust of a weight against a gate-legged table, given

$w = 14$  lb. and gravity  $g = 32$  ft. per sec. per sec., the work done by a dog in drawing a man of 14 st. on a sleigh given the coefficient of friction of ice and the speed of the dog, and the relative importance of the xylem and phloem in the stem of the adult geranium made him wax cynical, and it was in vain that I stressed their practical value to the practitioner.

"Are you ever likely to draw a 14-stone man along the ice?" he hooted in a rage. "No," I replied, "but I have dragged a bed along a cottage floor bearing the weight of an 18-stone woman, which is worse. The pull was transmitted through a fœtus and a pair of Milne-Murray's axis-traction forceps. I learned the force of thrust of a kitchen table when the head of the fœtus came off and I shot backwards, sustaining a large hæmatoma over the occiput."

I have seen Holmes almost maniacal, trying to learn the foramina of the skull. He made full use of mnemonics. Later, the involved and somewhat hypothetical bio-chemistry of infection and immunity made him foam with rage. To read a lengthy chapter of theorizing on agglutinogens, epitoxoids and the polyceptor conception of the complementophile groups, and then see at the end, "these views are, however, now considered untenable," drove him into a gibbering passion which astonished me, long though I have known him.

Even in the matter of dress he had become a trifle stereotyped. I have been in the Hospital quadrangle after lunch and seen amongst the white-coated dressers the prominent figure of Holmes towering above the rest, clad in his Inverness cape and peaked shooting-cap, lost in the moody contemplation of his thoughts. Above all he was very sensitive to ridicule. His chief, Sir William Laye, harrowed him mercilessly; it was this severe school which had made of his dressers some of the finest medical men of the generation. But Holmes resented it. They were constantly at war. Consequently the rounds were crowded with students from all parts who came to see the battle between the fiery surgeon and his austere dresser. It was in vain that I warned Holmes that he was laying up a store of trouble for the future. He fought equally fiercely with the sisters. With the nurses, however, he was his old genial self, charming and considerate.

On one occasion, after hearing a learned discourse during the afternoon round on a female patient with obscure abdominal symptoms, my friend re-appeared at midnight in a cab, arrayed in his dressing-gown, with books and a plentiful supply of tobacco. Making his way to the ward, he installed himself at the bed-side and prepared to spend the night there in solving the diagnosis after the fashion of his all-night brooding upon his criminal cases. Nothing could move him—nurses,



night superintendents, house surgeon, steward, all tried in vain, until at last Sir William was brought out of bed by telephone. They say that the sight of Holmes's fine features in the dim light of the ward, half-hid in a haze of smoke, called forth a flow of eloquence which made the nurses flee into the kitchen and slam the door. The house surgeon copied it word for word into his note-book. Holmes was routed, and his chief went back to Harley Street still fuming.

Time drew on, until one winter evening I called upon my friend to learn the result of his examination. I found him deathly pale sitting before his fire, and clutching in a frenzied grip the notorious pink paper, the "return ticket" issued to those who have failed. I gave one glance through the half-open door, then closed it silently and went home. I learned afterwards that he had had a hot argument with Sir William, who was marking in his "viva." It arose over a huge ovarian cyst. Holmes picked it up and shook it in his chief's face in proving his point. Unluckily it burst in my friend's fierce clutch and drenched the surgeon with its contents.

Next day, when I returned from my morning round, my wife told me that she had been pestered by an elderly man, who had applied at my house for the office of butler; it was in vain that she repeated that I needed no such servant, and she only rid herself of him by promising that I would see him later in the day. Punctually at 4.30 he arrived; and I went through to my waiting-room to find a typical butler, dignified and slightly round-shouldered, with white hair and side-whiskers. I could get no reasonable explanation from him why he persisted in seeking employment with me. We argued for ten minutes.

"I've been recently employed as butler by Lord Bankhead and I've hexcellent references from 'his lordship," he repeated.

"Why did you leave?" I asked.

"Look, what a lot it would add to your practice if I came," he remarked, ignoring my question.

"My practice does not need your aid, thank you."

"Your personal appearance would benefit too, sir," he continued; "your coat could do with being brushed and pressed."

This was too much for me. I sprang up from my chair in a rage.

"I see now why the marquis dismissed you, you impudent old bounder," I shouted; "get out, before I kick you down the steps."

"Really, really, Watson, they'll hear you in the street"—and in the well-known voice and transformed face I recognized Sherlock Holmes.

"Holmes, you villain," I said, shaking my fist at him,

"it would have served you right if I had blacked your eye; what is the meaning of this?"

"It is tea-time I believe, and I see I have interrupted you in the act of making toast—"

"How on earth—?" I began.

"Pah—perfectly obvious," he explained; "your face is as red as a piece of raw meat, you have crumbs on your trousers, a pat of butter stuck on your left elbow, and the prongs of the toasting-fork, which you hastily slipped up the inside of your jacket when I rang the bell, are sticking up above your collar at the back."

"Marvellous, my dear Holmes," I exclaimed.

"Elementary, my dear Watson," he retorted. "But to come to business; if you will invite me to try some of your excellent toast, I will tell you my plans."

"Certainly," I cried; "my wife is at home, and seeing that you are so suitably attired, I think the least you can do is to wait upon us at tea."

I knew Holmes's acting of old. Many years previously when we were together crocodile hunting in the East, we happened to be staying on the borders of a native state in which affairs were turbulent. The imminent inauguration, however, of a new political scheme was looked upon as the only hope of avoiding a crisis—perhaps a revolution. Great consternation prevailed because the ruling prince (whose presence was essential to the success of the project) was found the previous night hopelessly incapacitated as the result of an ill-timed debauch. They appealed to Holmes, and offered him an enormous sum for his advice. He refused any fee, but set to work at once. He impersonated the prince in a masterly disguise. He spent the night in consultation with the political leaders, and discarding the speech which they had already prepared, he insisted upon writing one himself in the native language. Early next morning he went down to the great assembly, dressed in all the panoply of state, the central figure of a procession dazzling in its barbaric splendour. The proceedings were delayed forty-five minutes or so owing to the fact that my friend was somewhat sick in the prince's robing-room following his unaccustomed ride on an elephant. However, he soon recovered, and the members of that glittering concourse listened spellbound for two hours to what was described as "a masterly dissertation, an inaugural address which summed up adequately and for all time the sources of discord, and was at once eloquent, constructive, visionary, and a *tour de force* of oriental oratory." Its effect was immediate; peaceful negotiations followed, and Holmes has over his mantelpiece a richly jewelled scimitar, the mark of gratitude of that Ethiopian potentate. Such was his delight, the dusky prince offered him the pick of his harem, which my friend refused with a smile.

As we sat at tea he told me of his scheme. "In accordance with tradition, my dear Watson, our chief has invited his dressers to dinner to-morrow night. I have been left out!" and he looked at me with indignation, his mouth bulging with toast, butter dripping off the point of his finely chiselled chin—

"—but I intend to be there! I have sent a fictitious letter this afternoon to his butler, requesting his immediate presence in a small town called Wallasey, not far from Liverpool. There he will be met by a solicitor, who, after proving his identity, will hand him a sum of money left by an anonymous benefactor. I have enclosed his railway fare, and that will prove to his satisfaction that the money will be forthcoming. You, Watson, must be the solicitor, and I will give you five pounds for the fellow. You cannot miss him; he takes snuff, limps slightly on the left leg, and wears a wig of white wavy hair. Meanwhile, although Sir William cannot refuse the old man's request for a day off he will be left without a butler, and it will be too late to communicate with his guests and postpone the dinner. As luck will have it, I shall call upon him, seeking employment with my 'hexcellent' references from Lord Bankhead, at present on the Lido: he will jump at the opportunity and engage me for the night. There will be some fun, Watson, you mark my words"—and Holmes dipped his toast in his tea and ate it with a relish such as I had not seen since he started medicine.

"Come and have breakfast with me the morning after the dinner my dear fellow," he said as we parted, "and I hope to have a good story for you."

I made the journey to Wallasey as he directed me, travelling by the same train as the butler; as I recognized him on the platform at Euston I had no difficulty in carrying out my share; he showed me Holmes's letter, and after a judicious questioning I gave him his small bequest and we both came back, he in the fore part of the train, myself at the back. I called upon Holmes at breakfast-time next morning; he was in high spirits, chuckling to himself, rubbing his hands together, and every now and then leaping a few inches into the air.

"Aha! here you are, Watson, punctual as ever," he cried; "let us see what the excellent Mrs. Hudson has provided for us," and we drew our chairs up to the table and fell to on an appetizing meal of trifle, lobster mayonnaise, omelettes and delicious coffee. Although it was comparatively early, he chatted racily throughout the meal, and knew thoroughly the important pieces of the morning's newspapers. He had the obituary column, share markets, divorce-court proceedings and fat-stock prices at his finger-tips. Pigs were up in Lostwithiel, down a trifle at Llanelly and so on. Finally he

asked me how I had fared, and gave me a brief word or two of praise which were so rare, yet meant so much.

"And what about your evening?" I asked.

"Aha!" he said, "take an armchair and I will tell you. I went round and deceived him as successfully as I deceived you. He took me on at once, and set me to work immediately washing his car. I worked like a black, my dear fellow; I am sure Sir William ought to have been a slave-driver. Every now and then he would come through and bellow at me in order to keep me at it. Then came the dinner. I admitted the guests and took their hats and coats in the hall. Not one recognized me. Before they went in I said, 'Excuse me, gentlemen, but Sir William is on the top of 'is form to-night bubbling over with 'igh spirits. He and me 'as arranged a little by-play at dinner for your entertainment, so I must give you doo warning not to be surprised at what may 'appen or to hinterfere with the fun.' 'Rather not!' they replied, and I showed them into the drawing-room.

"Dinner began punctually: just before, I went up to the bath-room, put the plugs in the wash bowl and bath and turned on all the taps. Consequently the surgeon and his guests were all seated when I came down, and Sir William was beating the gong for me with a walking-stick. I marched in sedately and bowed. My chief, as you know, has a habit of shouting for everything at once.

"'Come on you doddering old fool!' he began, 'you're late already. Bring the soup!—Where are the tomatoes?—I want a siphon!—Push the table up a bit this way!—Why can't I have the soup up here?' 'One moment, sir,' I said, 'one thing at a time—tomato coming sir,' and seizing a large one from the sideboard I spun round and hurled it at him with terrific force. It caught him full in his evening shirt and burst, scattering seeds and juice far and wide. As he leapt up with a roar a second met him in his open mouth and he sat down again, spluttering. The dressers, amazed at the speed of events, yelled their applause, banging on the table with the cutlery.

"'Table coming up, sir,' I called, and grasping the bottom I shoved it up with the force of a mediæval battering ram. Sir William was presiding in a high-backed old oak armchair, and the end of the table hit him just above the waist. He went over backwards with a glorious crash.

"'Soup coming, sir,' I cried, and followed by a howl of mirth I hurried up to where the host was grovelling and kicking under his chair and poured the whole tureen of hot soup over his head. By this time the dressers were helpless; the house surgeon was crumpled up in his seat, screeching hysterically like a cockatoo,

with tears rolling down his face. The chief assistant was lying across the table with his head in the dessert yelling 'O atta boy!' like an alarm clock. I hate those American expressions, Watson; furthermore, I had many an old score to settle with him, so I stopped his tune with a resounding thud in the ear from a pineapple. I never realized before what a wonderful weapon is a pineapple—the spikes are very effective. A few well-directed jets from a soda-siphon caused the host to go to earth completely under the table and howl for the police. I went out quickly, and locking them all in, put the key in my pocket. Looking up I saw the first cascades of water from the bath-room coming down-stairs. I removed the main fuse from its place in a box in the hall, plunging the whole house into darkness, locked the front door and walked down the street. Seeing a telephone box I summoned the fire brigade and an ambulance. I have often heard, Watson, of the speed with which the brigade answers calls, and I can tell you that this time they were admirable—they were on the scene in four minutes. Despite the dark, the din proceeding from the dining-room showed them where the trouble lay. They had just connected two lines of hose and directed both at the window as the bottom sash flew up and Sir William's figure appeared bellowing for aid: the water caught him full and back he went. I heard the dressers cheering as I pushed through the crowd and came home to a quiet supper. A successful evening, Watson," he said as he lit a cigar. "I sent a note this morning telling my chief that if he will call here at 10.30, I may have some interesting information for him concerning last night's occurrences. He is due now, and if I am not mistaken that is our visitor's ring. Don't go away, Watson!"

The door opened, and Mrs. Hudson announced "Sir William Laye." He stood and glared around with his hat on, as was his custom. "Good-morning, Sir William," said Holmes blandly, "pray allow Mrs. Hudson to take your hat," and he lifted his chief's head-gear off his head, so clumsily, however, that it fell on the floor.

The landlady retrieved it and retired.

"This is my friend, Dr. Watson, an old student at St. Debora's Hospital—you may speak quite freely before him."

"What have you to tell me?" asked the surgeon.

"I am a detective as well as your dresser," began Holmes, "and I have traced what I believe is some of your property," and he handed his visitor two keys and the main fuse. Sir William snatched them eagerly.

"Ha! then you know this hooligan?"

"Yes," said Holmes; "you made an unfortunate

choice of butler. I must give you a little advice before you choose your next."

"Mind your own business!"

"Quite so," said my friend genially, "but may I offer my own services. I have had no little experience, for I 'ave been recently employed as butler by Lord Bankhead and I 'ave hexcellent references from 'is lordship."

Sir William stood thunderstruck with amazement as Holmes's voice took on the well-known character of his former butler; he then snatched up his walking-stick and sprang at my friend with a roar like a bull elephant. But Holmes was expecting it; in a flash he had unsheathed the jewelled scimitar from its scabbard and whirled its glittering blade round his head until it sang. The discomfited knight retreated a few paces.

"I'll have you arrested for assault!" he shouted.

"As you please," and Holmes shrugged his shoulders. "At present the only official press account states that a false alarm of fire was given last night by some malicious person as being at the house of Sir William Laye, the famous Harley Street surgeon. I can imagine the headlines in a few days' time—'HARLEY STREET SURGEON RAGGED IN HIS OWN HOUSE BY A STUDENT.' Think of your reception at hospital; at present Dr. Watson and yourself are the only others who know the real identity of your butler; as long as I am allowed to continue at hospital as before they need be the only ones who shall ever know."

Sir William breathed deeply, snorted, began to rave, then gave up the fight.

"All right, go on," he said.

"Another small matter arises," said Holmes; "the incident has provided your dressers with an excellent subject for their Christmas concert. The house surgeon rang me up early this morning and told me all about it; he said how sorry he was that I had missed it all. However, I have a little talent in acting, which they are kind enough to recognize, and they have offered me the part of the butler, which you will be interested to hear I have accepted. Dr. Watson has been invited and we shall no doubt see you there."

Sir William left the room and stamped out of the house, slamming the door behind him. Holmes waved him a cheery "Au revoir" from the window and threw his hat after him into the street.

"Strange," he mused as he sheathed his scimitar, "if I had chosen the lady from the princely harem, however devoted she might have been, I doubt whether she could have saved me from that murderous onslaught as this weapon did."

"You villain," I said, "I have no doubt she would

have kept you out of such an escapade altogether if she were worthy of the name of wife."

\* \* \*

The Christmas entertainment was a great success. It was later remodelled and enlarged, and under the title of "The Battling Butler of Harley Street" ran for no less than six nights in the Great Hall, playing to a crowded house drawn from all over. Scores of Sir William's old dressers came to see it. The Patron of the hospital and the Lord Mayor were among others of one distinguished audience. The unerring skill with which Holmes threw the initial tomato never failed to raise a scream of applause from the delighted spectators.

My friend is at present on holiday in the Upper Engadine; his examination begins next week, but he has not done a stroke of work for it. He says that having shown the court of examiners a sample of his mettle when displeased, he is bound to get through. Holmes may be right, but knowing Sir William as I do, I very much doubt it.

F. W. J. W.

## ANENT ANATOMY.

**W**E live in an era of unrest. In all spheres of human activity there is a turbulence, unique in the history of our civilization. Particularly is this the case in the world of science. Things are in a constant state of flux. We go to bed in a rectilinear, three-dimensional world, and awake to find it changed (although it looks just the same) into a curvilinear, four, five, or even six-dimensional one. Who has done this dastardly thing? The force of gravity, for so long an institution in our midst, if not quite exploded as a myth has, at least, had serious doubt thrown upon it. Einstein has displaced Newton, just as Newton dispossessed Galileo. Again, the atom is no longer the conventional "billiard ball" of our schooldays. It has now been found to consist of "a wave." It remains to be seen whether it will prove to be a "permanent wave," or yet another scientific mirage.

Every few centuries a new demigod arises. He has a look round and begins to smash things—just as we are getting nicely used to them. He startles the world with some new heterodoxy, which becomes, for the time being, the science of the age. One wonders how much of one's beliefs and knowledge is based upon fact, and how much on the particular "credo" which happens to be fashionable at the moment.

When a new pedestal falls, the reverberation is heard

to the very ends of the earth; but do men feel alarm that for centuries they have been worshipping false gods, or contrition that men have been persecuted or burnt as heretics for professing disbelief? Not at all! Another Colossus is set up, and who can tell whether it, too, will prove to have feet of clay? As Pope says:

"One prospect lost, another still we gain;  
And not a vanity is given in vain . . ."

We are now reaching a stage, in some branches of science, when most of us have to admit our complete inability to understand the metaphysical ramblings of a handful of specialists.

In our own profession, too, we are not without our "lares" and "penates" which are destined to crumble and die. How much of what we now believe will survive the century? It is all very well to be told—

"Trace science then with modesty thy guide;  
First strip off all her equipage of pride;  
Deduct what is but vanity, or dress  
Or learning's luxury, or idleness;  
Or tricks to show the stretch of human brain . . ."

How are we to know which is which until the crash comes?

A few months ago Sir Almroth Wright, lecturing at a northern university to a post-graduate class, made the statement that nearly all antiseptics are quite useless, and that the traditional dab of iodine to a cut is a fetish savouring of witchcraft. He gave one the impression that the little bacilli almost sit up on their hind legs and beg for it. What *are* we to believe?

Occasionally, but not often, science does reach some sort of finality. It is then possible to say, "At last! Here we have facts, reality, truth, which will endure for ever!" Obviously this can only be the case in collateral branches of science. The fundamental issues are inexhaustible and infinite as the universe is infinite.

The science of anatomy, for example, is an expression of pure fact. It has been lifted clear of the quagmire of polemics. Its basis is more solid than that of mathematics, in which theorems and postulates depend upon the adoption of certain axioms.

When a branch of science reaches the stage of finality, it becomes, to a large extent, dead as an intellectual exercise. It loses an intrinsic spiritual value. There seems no further room for development. It resembles a meteor which has blazed its way magnificently across the heavens, and comes to earth a cold and lifeless stone; but as in the meteorite lies a key to the whole of the mystery of the Universe, so, on the cold dry bones of anatomical knowledge, is built up the whole of physiology, medicine and surgery.

Perhaps it is not quite correct to say that anatomy has yielded up all its uncertainties to scientific probings.



In some respects it can still lead one on to broader issues. It has, in conjunction with physiology, a great teleological significance. There is also the mystery of variations from the normal, while the whole evolutionary vista is opened up by a study of the many rudimentary structures in which the body abounds. In these respects the anatomist can still exercise his atrophying imaginative faculties.

The study of vestiges demonstrates the undeniably lowly origin of mankind. It is a perpetual curb to human arrogance. The captain of industry is laid low with appendicitis! The eminent scientist, who believes himself hot on the trail of the enigma of the Universe, can, and often does, prove himself an ape, without the additional incrimination of a large Darwinian tubercle! Even in the human eye, which has been called "the window of the soul," there is a relic of the reptilian nictitating membrane, in the shape of the semilunar fold!

It is now many hundreds of years since anatomy was a matter for speculation. It seems incredible, in these days when anatomical study has been brought to such a stage of perfection, that every minute ramification of a nerve or tiny residual muscle fasciculus is duly noted and recorded, that for so many years such abysmal ignorance should have existed concerning "the delicate organization of the human interior." This was no doubt due to the opposition raised by the ecclesiastical authorities, who held that dissection of human cadavers was inconsistent with the doctrine of material resurrection. The *Talmud* describes a "bone of Luz" which, although never definitely located, was supposed to be a sort of imperishable seed or nucleus from which the dead body would be resurrected. Modern text-books (admittedly more pictorial than picturesque) make no mention of this important bone, and candidates for examination are reminded that as its existence is apocryphal at best, reference to it at "*vivas*" is best avoided.

Galen, the Greek physician who lived about 200 A.D., derived his knowledge of anatomy from the pig, the ape and the ox. Being a philosopher as well, and noting the hog-like, ape-like and ox-like attributes of so many of his fellow-men, perhaps he was justified, to a certain extent, in believing that their anatomical structure coincided as well. Galen described a multi-lobed liver, a segmented sternum, and a horned uterus. The mystery of the circulation of the blood was a closed book to him. Alas! Galen would not have passed his Primary Fellowship! Does not this mean that we should look up more to our Primary Fellows? For is not each, in a manner of speaking, greater than Galen?

It was not until the middle of the sixteenth century

that the light of knowledge began to pierce the tenebrosity of Galenic tradition. This was the time of Sylvius and Vesalius, although the former was a staunch Galenist, and regarded the latter as a madman and a heretic.

Vesalius actually dissected the human cadaver, thereby laying the foundation of modern anatomical knowledge. He is said definitely to have disposed of the "bone of Luz" and the missing rib of Adam on the flimsy grounds that he discovered neither. In any case, if Eve was the result of a divine resection of one of Adam's ribs, Cain and Abel and the rest of us would still show no mutilation, for the reason that acquired characteristics are not transmitted to the offspring. However, Vesalius hadn't heard of Mendelism—and for a very good reason! Still, great as Vesalius was, it fell to the lot of a Bart.'s man, some eighty years later, to explain the mystery of how the blood gets from the right to the left side of the heart.

The discoveries of Vesalius, and later of Fallopius and Harvey, greatly stimulated anatomical study. The Church, finding the tide of universal opinion rising, granted permits for the occasional dissection of executed criminals. This dissection, which was in part a religious ceremony, was known as "making an anatomy." The learned physicians and their acolytes foregathered, and after a preliminary oration, sang in chorus. Then came the dissection, which was actually performed by a menial; while the chief Physician pointed out the organs with a long wand, and recited passages from Galen—for Galen's teachings continued to be regarded as inspired long after Vesalius had exploded them as unfounded. *The dissection was followed by a banquet!*

One cannot help deploring the decline in ceremonial which is so characteristic of the present day. The commencement of a new anatomical session is not heralded in any way. The air, perhaps, is a little less noisome; there is a certain proliferation of clean white coats, destined soon to lose their pristine beauty. There is no oration, no singing, and no burning of incense (for there is no ceremonial significance in the burning of the fragrant herbs of Wills and Bondman!). Certainly there is no banquet. No goodly viands are provided to celebrate a task well done; no good red wine to assuage the formalin-laden œsophagi of the weary dissectors. Instead there is a brain-searching catechism and a life and death struggle with a modern descendant of Cesare Borgia.

Many were the vicissitudes of the young science of anatomy. The need of bodies for dissection greatly exceeded the supply. It is axiomatic in human affairs that somehow such a disproportion cannot remain. This is true whether it be bodies or beer! A balance

must be established, or an attempt made to establish it. So it was that enterprising gentlemen, throughout the country, undertook to provide bodies for dissection. They robbed graveyards, and earned for themselves the name of "resurrectionists." Fired by this success, two zealous fellows, Burke and Hare respectively (full of an ardent wish to benefit humanity), conceived the very sound idea that by compression of the mouth and external nares, and making inaccessible the supply of air to the lungs, people who were not dead already could be rendered so (and fit subjects for dissection). It was a distinct advance in technique, and these worthy fellows provided much good material. However, an ungrateful nation hanged Burke in 1829. Nowadays the beneficent working of the Anatomy Act make such nefarious practices unnecessary, and our Burkes and Hares have turned to bootlegging and other essential industries.

Anatomical knowledge is perhaps one of the least decorative of subjects. It is unmentionable, for instance, in polite non-medical society. Post-prandially, when, over the port, literature, music and art come into their own, it would be a ghastly solecism to contribute the fact (no matter how *apropos*) that in the act of sitting the weight of the body is distributed on the tuber ischii; or that the replete gentleman (the one monopolizing the fire) who is holding forth so eloquently on neo-Kharsivan art, is only enabled to do so by the strength and integrity of his Poupart's ligaments.

The layman, on the other hand, is not so reticent in this respect. He experiences a delicious horror in the contemplation (mental) of his interior. It is the horror of the unknown. He is ready to speculate, or even to rationalize. Surely there must be *two* tubes for swallowing, one for solids and one for liquids; and what can the function of the uvula (he doesn't call it that) be but to separate the two constituents. The patient who takes clandestine peeps at his charts when Sister's back is turned will doubtless, in years to come, assure his panel doctor that when he fell from the scaffolding he fractured his "diblum and tidlum" (tibia and fibula), or that he is suffering with "locomotive and taxi" (locomotor ataxy). Perhaps it is not strange that people should be curious concerning the means by which we live. Anyhow, "a little knowledge" in this respect is more amusing than "dangerous," and we can afford to smile indulgently. Let us be thankful for our own more complete knowledge, so laboriously acquired—and so easily forgotten!

JOHN LANDON.

## THE FOURTH WALL.

By A. A. MILNE.

Presented by the Amateur Dramatic Society in the Great Hall, January 6th-9th, 1931.

### CHARACTERS IN THE ORDER OF THEIR APPEARANCE.

Jimmy Ludgrove . . . . .	KEITH VARTAN.
Susan Cunningham . . . . .	VIOLET TODD.
Adams . . . . .	DERRICK COLTART.
Edward Laverick . . . . .	ROBERT CROSS.
Edward Carter . . . . .	STEPHEN HADFIELD.
Major Fothergill . . . . .	CLIVE BARNES.
Mrs. Fulverton-Fane . . . . .	WENDY COLLARD.
Jane West . . . . .	MARGARET NEVILLE.
Arthur Ludgrove . . . . .	HAROLD RODGERS.
P.C. Mallet . . . . .	ROWLAND TAYLOR.
"Sergeant" Mallet . . . . .	JOHN NUNN.

The Play produced by STANHOPE FURBER

Across the quiet of a Sussex house-party creeps a suggestive atmosphere of impending tragedy. Edward Carter, debonair and well-intentioned, suggests to Ludgrove, his host, that Edward Laverick is one of two criminals for whose imprisonment in Africa Ludgrove had been responsible, and who now is disguising behind his love of birds a murderous design upon the life of his host. Comes Laverick in true colours, and events move rapidly. Forewarned, Ludgrove covers his assailant with his revolver. Carter, the friend in need, rings for the police, turns Ludgrove's gun upon its unsuspecting owner two feet from the telephone receiver—and Ludgrove has committed suicide.

This much through the fourth wall we see: alas! we cannot be summoned as witnesses by even that most efficient Sergeant Mallet from Scotland Yard. So suicide it has to be—while of unsound mind, of course. But the obvious conclusion drawn from undisputed facts never satisfies a woman with a prejudice. At midnight, before the astonished gaze of all of us who had been present at the murder, Ludgrove's ward, "knowing" that her guardian could not have committed suicide, finds her clues and reconstructs the case against—two murderers.

Next morning Carter realizes that his guilt has been discovered, and after a dramatic duel with Ludgrove's ward, he falls into the hands—or handcuffs—of Sergeant Mallet, foiled by a woman's wit and a piece of blotting-paper.

Stephen Hadfield (Edward Carter) plays the jaunty villain with a convincing air. It must have disappointed him that his victim had not time to realize the beauty of his plotted revenge, or ears to hear his apostrophe.

His flash of temper in the last act revealed his true cruelty of disposition, in spite of which we found him a likeable enough fellow. Perhaps the greatest compliment that we can pay him is to say that he stood up well to the acting of Miss Violet Todd.

The Society was indeed lucky to engage the services of Miss Violet Todd, whose Susan Cunningham was a thoroughly excellent piece of acting. The "midnight" scene was hers absolutely, and her verbal duel with Hadfield "next morning" was the best thing in the show.

John Nunn showed great talent in his presentation of "Sergeant" Mallet, fortunately on holiday at the scene of the crime. He took charge of Act II and made a first-rate job of it.

These three were the chief parts, the other eight characters having only brief appearances. The real excellence of the production none the less owed much to the skill with which these parts were acted. Miss Wendy Collard was a delightful Mrs. Fulverton-Fane, and Miss Margaret Neville, as Jane West, had a glorious opportunity in the last act, of which she made full use.

Keith Vartan (Jimmy Ludgrove), as the victim's son, was not too happily cast, and his handling of the "midnight" scene was not altogether convincing. Derrick Coltart (Adams) gave us an admirable butler, and remembering his legal skill last year, we wished that he had had a larger part. Robert Cross (Edward Laverick), with his weird appearance and nervous utterance, provided a good contrast to his brother conspirator. Clive Barnes was Major Fothergill to perfection and took the house by storm. Harold Rodgers (Arthur Ludgrove) was unfortunately sacrificed when we had hardly got to know him; but he died beautifully. Rowland Taylor (P.C. Mallet) purveyed some magnificent comic relief: appearance and manner were excellent.

As for the producer, Mr. Stanhope Furber, with such material and with his O.U.D.S. experience, no wonder that he triumphed. Much in these productions depends on the ability of the producer to keep his actors together. Well done, Mr. Furber.

Two questions we have to ask:

- (1) Why was no official photograph of the show taken?
- (2) Why was the Hospital Musical Society *mechanized*?

The Amateur Dramatic Society is to be heartily congratulated upon its performance. The Society may have done things as well as this before, but one and all who saw the show are of opinion that it has never done anything better.

## STUDENTS' UNION.

### RUGBY FOOTBALL CLUB.

#### ST. BARTHOLOMEW'S HOSPITAL v. R.M.A.

Result: Won, 20—8.

December 10th, at Woolwich.

Played in a dense fog, this game was rather a one-sided affair. The Hospital, strengthened by the return of J. A. Nunn and C. B. Prowse, proved too experienced for the "Shop." The forwards established their superiority early, and the ball came back regularly. The outsiders made good use of their opportunities. Youngman, who scored two tries, made a fine run of more than half the length of the field to score under the post. Kirkwood converted. Other scorers were Powell (2), Jenkinson (1). Kirkwood scored a penalty goal.

#### ST. BARTHOLOMEW'S HOSPITAL v. NORTHAMPTON.

Result: Lost, 17—6.

December 13th, at Northampton.

Played on a very heavy ground, this game resulted in a win for the home side by 17 points to 6. The lighter Bart's pack held their opponents and got their share of the ball in the set scrums, but the backs were outpaced by their opposite numbers, except Taylor, who had an exciting duel with Millward at the base of the scrum. Among the forwards Thompson, Harvey and Mundy played a fine game, and Harvey scored a try from a good charge down. The other scorer was Powell, who punted over the head of the full-back, and gathering in his stride, raced over to score far out. The concluding stages of the game found Northampton pressing and a great duel took place between the forwards.

#### ST. BARTHOLOMEW'S HOSPITAL v. HARLEQUINS.

Result: Lost, 21—0.

January 3rd, at Winchmore Hill.

Bart's were without J. T. C. Taylor (who was away for the International Trial), Williams and Jenkins (on the injured list), but during the first half they put up a memorable struggle. A feature of this half and indeed of the whole game was the kicking of T. J. Ryan, the Bart's full back, who handled a wet, heavy ball with the utmost confidence and kicked a very good length. The substitutes played well on the whole, and the score would have been much smaller if Bart's had not felt the effects of Christmas and fallen off in zeal towards the end. At half-time the score was only 8-0 against

#### ST. BARTHOLOMEW'S HOSPITAL v. COVENTRY.

Result: Lost 22—8.

January 17th, at Coventry.

The ground was in good condition, but a very strong wind blew throughout the game. Bart's won the toss and took advantage of the wind in the first half, during which the side showed improved form. The Hospital were rather unfortunate to be in arrears at half-time, Coventry replying to a try by Mundy, which was converted by Ryan, with two unconverted tries. With the wind in their faces Bart's played up strongly and again took the lead, when a great run by Thomas gave Prowse the opportunity to score an unconverted try. Shortly afterwards Coventry scored a third unconverted try, and the scores remained at 9-8 for a considerable time. Towards the end, however, the superior weight and training of the home team began to tell, and these facts, coupled with some rather foolish errors by Bart's, led to three more tries being recorded against the Hospital during the last quarter of an hour.

Thompson, Mundy and Briggs were the pick of the Hospital forwards, while Baker showed promising form on his first appearance. J. T. C. Taylor was in excellent form at scrum-half and quite overshadowed Gascoigne.



## HOCKEY CLUB.

## ST. BARTHOLOMEW'S HOSPITAL v. SITTINGBOURNE.

January 10th, at Sittingbourne.

With snow the day before, a hard frost during the night and a fog in the morning, this match would probably have been scratched had not our opponents assured us they were anxious for a game, and that the weather conditions were better down in Kent.

By the afternoon the fog had lifted and the sun was out; but, the ground being white with snow, we had to play with a red ball. It took us some little while to get into the game, and before half-time Sittingbourne had scored; but we were pressing hard early in the second half when Heasman made us level with a good first-time shot. Jameson Evans had bad luck in just missing the post, and soon after this Sittingbourne scored again. Unfortunately their forwards then tried several long through-passes from which they scored two more goals. This should be a lesson to us to try these passes more often ourselves.

Snell at right half played well and the backs put up a very good defence, although the hard and slippery ground made it a difficult game for them.

Team: H. L. Hodgkinson (goal); F. C. Henton-White, P. M. Wright (backs); V. C. Snell, A. D. Iliff, J. H. Hunt (halves); C. A. Brockbank, L. P. Jameson Evans, A. J. Owston, L. Heasman, D. Gale (forwards).

## ST. BARTHOLOMEW'S HOSPITAL v. GLOUCESTERSHIRE REGIMENT.

January 14th, at Gravesend.

This most enjoyable but rather scrappy game we just managed to win 7-6. Playing well together at the start, by half-time we were leading 4-1. After this the play became somewhat ragged, owing, perhaps, partly to the number of penalties for offside that were given against us, and partly to the happy crowd on the touchline supporting our opponents.

Owston played well at centre-forward, giving us five of our goals, the other two coming from Heasman and Iliff.

Team: J. L. D. Roberts (goal); F. C. Henton-White, D. Gale (backs); V. C. Snell, A. D. Iliff, J. H. Hunt (halves); C. A. Brockbank, L. P. Jameson Evans, A. J. Owston, L. Heasman, E. W. Burstal (forwards).

## ST. BARTHOLOMEW'S HOSPITAL v. READING UNIVERSITY.

January 17th, at Reading.

This game, on a fine sunny afternoon, on a ground in excellent condition, resulted in a win for the Hospital 3-1. The play at first was very even. Our forwards, although often attacking, were unable to score, and our own goal had several narrow escapes from short-corners following penalties given in the circle. Hay-Shunker, after a long run down the field with Symonds, scored for us a moment before the whistle blew at half-time. Burstal and Jameson Evans gave us two more goals in the second half and Reading scored once just before the end.

Throughout the game our two outsides played well, taking the ball right up the wings several times; the two backs played hard, and Hodgkinson, in goal, made several good clearances.

Team: H. L. Hodgkinson (goal); C. A. Brockbank, D. Gale (backs); V. C. Snell, A. D. Iliff, J. H. Hunt (halves); R. T. Davidson, L. P. Jameson Evans, E. W. Burstal, C. L. Hay-Shunker, J. Symonds (forwards). J. H. H.

## ACKNOWLEDGMENTS.

*The Birmingham Medical Review—The British Journal of Nursing—The Broadway—Bulletins et Mémoires de la Société de Médecine de Paris—L'Echo Médical du Nord—Les Echos de la Médecine—Guy's Hospital Gazette—The Hospital—The Kenya and East African Medical Journal—Leprosy Review—The London Hospital Gazette—The Medical College Magazine (Calcutta)—The Medical Journal of Australia—Medical Times and Long Island Medical Journal—The Middlesex Hospital Journal—The Nursing Times—The Queen's Medical Magazine—The Royal Dental Hospital Magazine—St. George's Hospital Gazette—The St. Thomas's Hospital Gazette—The Student—The University of Toronto Medical Journal.*

## REVIEWS.

SAINT BARTHOLOMEW'S HOSPITAL REPORTS. Vol. LXII. (London: John Murray, 1930.) Pp. xxv + 277. Illustrated. Price 15s. to subscribers; 21s. to non-subscribers.

The latest volume of the *Hospital Reports* is well up to the high standard expected of it.

The contents of the volume are as follows:

"In Memoriam: Sir Anthony Bowlby," by Mr. W. Girling Ball.

"The New Surgical and Operation Blocks of St. Bartholomew's Hospital," by Mr. T. A. Lodge, F.R.I.B.A.

"An Unusual Case of Tuberculous Meningitis," by Sir Thomas Horder.

"The Therapeutic Use of Diuretics in Cardiac Œdema," by Prof. Francis R. Fraser.

"Suprarenal Carcinoma and Virilism in Women," by Dr. W. Langdon Brown and Mr. W. Girling Ball.

"Metastatic Carcinoma of the Choroid," by Mr. R. Foster Moore and Dr. Geoffrey Evans.

"The Problem of the Ætiology of Hodgkin's Disease," by Dr. M. H. Gordon.

"The Application of Ovarian Physiology to Clinical Gynæcology," by Dr. Wilfred Shaw.

"The Period of Disability in Ambulatory Fractures," by Mr. Rupert S. Corbett.

"The Diagnosis of Bronchial Carcinoma," by Drs. Maxwell and Nicholson.

"Serum Treatment of Lobar Pneumonia," by Drs. Richard Armstrong and Johnson.

"Experimental Endocarditis Produced by Inoculation of *Streptococcus Pyogenes*," by Drs. Richard Armstrong and Roles.

"The Clinical Value of Transduodenal Biliary Drainage (Baly Scholarship Report)," by Dr. H. V. Dicks.

"Perforated Gastric and Duodenal Ulcers," by Mr. R. W. Raven.

In addition, there is a supplementary volume which ought to be of considerable value, and which is given to all subscribers free of charge. It deals with deep X-ray therapy in malignant disease and is written by Walter M. Levitt, and it is a report of the investigation carried out in 1924-29 under the direction of the St. Bartholomew's Hospital Cancer Research Committee.

The material, which is written by members of the Staff, chief assistants and house surgeons, is intended as a *précis* of the work done in the Hospital each year.

The Editorial Committee are anxious to increase the number of subscribers. The subscription for the volume is 15s. annually, and so non-subscribers the price is one guinea. Those who wish to subscribe should send their names to Mr. Girling Ball or to Dr. Geoffrey Evans, the Editors, or to Mr. R. C. Elmslie, the Treasurer, 1A, Portland Place, W. 1.

A TEXTBOOK FOR MENTAL NURSES. By ELIZABETH L. MACAULAY, O.B.E. (London: Faber & Faber, 1930.) Pp. 276. Illustrated. Price 6s.

This book is remarkable for its conciseness and its enormous range of matter. Miss Macaulay has provided what would easily serve for a text-book of nursing for general nurses with special reference to mental disease. Of 276 pages, one chapter of 44 pages is devoted to mental diseases proper. This, however, is sufficient, for in a work of this size, intended for nurses, wordy theorizing on the mind and its diseases is not called for. Moreover, throughout the book, the scheme has been to treat general diseases and their aspects arising as complications in mental patients.

It is interesting to note that treatment by the shock of cold shower-baths was in use in England as late as 1914. The introductory parts on etiquette, hygiene, admission of patients and private nursing are well expressed. It is still stated that raw eggs and beef-tea may be given *per rectum* in nutrient enemata, although physiologists have shown that little other than solutions of crystalloids are absorbed.

The chapter on cookery is variable and attractive. Any reader's mouth will water on reading it.

In describing paracentesis abdominis it would be better to include novocaine for local anaesthesia rather than an ethyl chloride spray.



The authoress is delightfully frank, and the statement that "the factors to be taken into account in estimating the safety of anaesthetics are (i) the anaesthetist . . ." is rarely included in anaesthetic books; again, ethyl chloride spray is recommended as a local anaesthetic, novocaine being omitted.

The section on lotions is most useful: many nurses will feel thankful for the formulæ for mixing these.

The classification of poisons is not a good one. It is confusing to make use of "corrosives" and "alkalis" in the main groups and then include "corrosive alkalis" under the latter group. Arsenic and lead are also put under the heading of "Alkalis."

In infectious diseases it is made to appear that "suppuration" is a characteristic of non-specific fevers as contrasted with specific ones. Otherwise the chapter is excellent. On p. 170, in discussing hæmorrhage from typhoid ulcer, surely the sentence should be re-written—"treatment is to further clotting, not to prevent it." The part on tuberculosis would well serve as a model for larger books.

The chapter on mental diseases, which the authoress presumably enjoyed writing more than any other, is commendably well balanced; she is to be congratulated on her restraint in keeping it within such reasonable bounds. A few pages of illustrations of useful appliances conclude the book, which can be recommended without hesitation to any nurse.

MORE RUTHLESS RHYMES FOR HEARTLESS HOMES. By HARRY GRAHAM. Illustrated by RIDGEWELL. (London: Edward Arnold & Co., 1930.) Price 3s. 6d. net.

Here is something for inclusion in the new pharmacopœia of laughter. Mr. Graham's ruthless rhymes and Ridgewell's ruthless drawings are just what their old admirers would expect. Even the Index is an excuse for further jesting. *Rep. Mistura*, please.

## RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

BOURNE, GEOFFREY, M.D., F.R.C.P. *An Introduction to Medical History and Case Taking*. Edinburgh: E. & S. Livingstone, 1931.

BREWERTON, ELMORE W., F.R.C.S. "Entoptic Phenomena." *Proceedings of the Royal Society of Medicine*, November, 1930.

BROUGHTON-ALCOCK, W., M.B. (and WEINBREN, M., L.R.C.P., M.R.C.S., D.M.R.E.). "Generalized Infection of Muscles with *Cysticercus cellulosæ*; Measurements of Cysts and Comparison with those of *Trichinella spiralis*." *Proceedings of the Royal Society of Medicine*, December, 1930.

CARSON, H. W., F.R.C.S. (the late). "Acute Osteomyelitis of the Spine." *British Journal of Surgery*, January, 1931.

— Editor of *Pye's Surgical Handicraft*, 10th edition. Bristol: John Wright & Sons, 1931.

CHRISTOPHERSON, J. B., C.B.E., M.D., F.R.C.P. "Bilharzia Disease in Children." *Proceedings of the Royal Society of Medicine*, October, 1930.

CLARKE, ERNEST, C.V.O., M.D., F.R.C.S. "The Removal of Eye-strain as a Preventive Treatment." *Practitioner*, January, 1931.

COLEMAN, FRANK, M.C., L.R.C.P., M.R.C.S., L.D.S. "Two Cases of Buried Mandibular Teeth with their Crowns in Opposition." *Proceedings of the Royal Society of Medicine*, August, 1930.

CORSI, H., F.R.C.S. "Pseudo-pelade of Brocq." *Proceedings of the Royal Society of Medicine*, December, 1930.

— "Urticaria Pigmentosa." *Proceedings of the Royal Society of Medicine*, December, 1930.

CROOK, ERIC, F.R.C.S. "Fistula behind Left Ear: ? Branchial." *Proceedings of the Royal Society of Medicine*, November, 1930.

CULLINAN, E. R., M.D., M.R.C.P. "A Case of Tuberculosis of the Stomach." *Journal of Pathology and Bacteriology*, No. 4, vol. xxxiii, 1930.

DAVIES, J. H. TWISTON, M.B. "Self-mutilation of the Face in a Male." *Proceedings of the Royal Society of Medicine*, October, 1930.

EDRIDGE-GREEN, F. W., C.B.E., M.D., F.R.C.S. "The Detection of Colour-blindness from a Practical Point of View." *Proceedings of the Royal Society of Medicine*, November, 1930.

GASK, GEORGE E., C.M.G., D.S.O., F.R.C.S. "Vicary's Predecessors." *British Journal of Surgery*, January, 1931.

GORDON-WATSON, SIR CHARLES, K.B.E., C.M.G., F.R.C.S. "Discussion on Radium in the Treatment of Carcinoma of the Rectum and Colon." *Proceedings of the Royal Society of Medicine*, August, 1930.

HALDIN-DAVIS, H., M.D., F.R.C.S. "Eczema." *Practitioner*, January, 1931.

HALLS-DALLY, J. F., M.A., M.D., M.R.C.P. "Variations in Arterial Pressure and their Control." *Practitioner*, January, 1931.

— "Graphic Blood-pressure Records." *Lancet*, January 10th, 1931.

HERNAMAN-JOHNSON, F., M.D. (Aberd.), D.M.R.E. (Camb.) (R. HILLHOUSE JAMESON, M.D., F.R.C.S. (Ed.), and F. H.-J.). "Treatment of Erysipelas by X-Rays." *British Medical Journal*, January 10th, 1931.

HUME, J. BASIL, M.S., F.R.C.S. "Surgical Trauma and Convalescence." *Lancet*, January 3rd, 1931.

KETTLE, E. H., M.D. "The Relation of Dust to Infection." *Proceedings of the Royal Society of Medicine*, November, 1930.

LEITCH, J. NEIL, M.D., D.T.M. & H. *Dietetics in Warm Climates*. London: Harrison & Sons, 1930.

LLOYD, ERIC I., M.B., F.R.C.S. "? Endothelioma of Foot." *Proceedings of the Royal Society of Medicine*, December, 1930.

NELSON, H. P., M.B., F.R.C.S., and SIMON, G., M.B., D.M.R.E. "The Accessory Lobe of the Azygos Vein." *British Medical Journal*, January 3rd, 1931.

NIXON, J. A., C.M.G., M.D., F.R.C.P. "The Long Fox Memorial Lecture: The Influence of Food on the Production and Prevention of Disease." *Bristol Medico-Chirurgical Journal*, Winter, 1930.

PHILLIPS, RALPH, M.S. (Lond.). "Histology of Buccal Carcinoma in Relation to Prognosis and Radio-Sensitivity." *Lancet*, January 17th, 1931.

POWER, SIR D'ARCY, K.B.E., F.R.C.S. "Some Bygone Operations in Surgery: III. Cutting for the Stone (cont.). Cheselden's Operation." *British Journal of Surgery*, January, 1931.

ROLLESTON, SIR HUMPHRY, Bart., G.C.V.O., K.C.B., M.D., F.R.C.P. "Introduction to Special Number on Common Ailments." *Practitioner*, January, 1931.

— "Critical Review: The Harmful Effects of Irradiation (X-Rays and Radium)." *Quarterly Journal of Medicine*, October, 1930.

ROXBURGH, A. C., M.D., M.R.C.P. "Skin Temperature in Alopecia Areata." *British Journal of Dermatology and Syphilis*, January, 1931.

SIMON, GEORGE, M.B., D.M.R.E. See NELSON and SIMON.

SLADDEN, A. F., D.M. (Oxon.) (S. LYLE CUMMINS and A. F. S.). "Coal-miner's Lung: An Investigation into the Anthracotic Lungs of Coal-miners in South Wales." *Journal of Pathology and Bacteriology*, No. 4, vol. xxxiii, 1930.

SPARKS, J. V., B.A., D.M.R.E. "An Unusual Case of Bronchiectasis." *British Journal of Radiology*, January, 1931.

THEOBALD, G. W., M.D., M.R.C.P., F.R.C.S. (Edin.). "Malaria, Women and Quinine." *Proceedings of the Royal Society of Medicine*, August, 1930.

THOMAS, C. HAMBLE, F.R.C.S. "A New Œsophagoscope and Bronchoscope." *Proceedings of the Royal Society of Medicine*, August, 1930.

VERRALL, P. JENNER, F.R.C.S. "Pre-Natal Separation of the Lower Femoral Epiphysis." *Proceedings of the Royal Society of Medicine*, November, 1930.

— "Some Amputation Problems." *Proceedings of the Royal Society of Medicine*, December, 1930.

WEBER, F. PARKES, M.D., F.R.C.P. "A Note on Osler's Telangiectasis Circumscripta Universalis." *British Journal of Dermatology and Syphilis*, December, 1930.

— "Urticaria Pigmentosa in an Adult." *Proceedings of the Royal Society of Medicine*, December, 1930.

- WEBER, F. PARKES, M.D., F.R.C.P. "Telangiectasis Macularis Eruptiva Perstans—probably a Telangiectatic Variety of Urticaria Pigmentosa in an Adult." *Proceedings of the Royal Society of Medicine*, December, 1930.
- "Alopecia Totalis in a Young Woman." *Proceedings of the Royal Society of Medicine*, December, 1930.
- "Alopecia Totalis in a Boy after Slight Nervous Shock." *Proceedings of the Royal Society of Medicine*, December, 1930.
- (and SCHOLTZ, M., M.D.). "Anæmic Type of Hamolytic Jaundice without Familial History." *Proceedings of the Royal Society of Medicine*, November, 1930.
- "Lesion of Both Auditory Nerves together with Several Other Cranial Nerves on the Left Side." *Proceedings of the Royal Society of Medicine*, December, 1930.
- "Anæmia with Splenomegaly." *Proceedings of the Royal Society of Medicine*, December, 1930.
- "Simple Achlorhydric Anæmia (L. J. Witts)." *Proceedings of the Royal Society of Medicine*, December, 1930.
- WOOLLARD, H. H., M.D. "The Innervation of the Ocular Muscles." *Journal of Anatomy*, January, 1931.
- "The Growth of the Brain of the Australian Aboriginal." *Journal of Anatomy*, January, 1931.
- YATES, A. LOWNDES, M.D., F.R.C.S.(Edin.). "Repair in the Middle Ear." *Proceedings of the Royal Society of Medicine*, October, 1930.
- "Demonstration of Sound Records." *Proceedings of the Royal Society of Medicine*, October, 1930.

## EXAMINATIONS, ETC.

### University of Cambridge.

*First Examination for Medical and Surgical Degrees, December, 1930.*

*Part II. Mechanics.*—Jones, D. W. G.

*Second Examination for Medical and Surgical Degrees, December, 1930.*

*Part I. Organic Chemistry.*—Jones, D. W. G.

*Part II. Human Anatomy and Physiology.*—Crosse, J. H. J.

*Third Examination for Medical and Surgical Degrees, December, 1930.*

*Part I. Surgery, Midwifery and Gynaecology.*—Bell, W. D., Boston, F. K., Buckland, H. S., Graetz, G. H. A., Kersley, G. D., Lane, C. R. T., McGavin, D. B., Morrell, F. H., Scott, P. G., Stamp, T. C.

*Part II. Principles and Practice of Physic, Pathology and Pharmacology.*—Barnes, C. O., Cross, R. M. S., Fordham, M. S. M., Harrison, J. O., Nicholson, W. A., Taylor, H.

### University of London.

*First Examination for Medical Degrees, December, 1930.*

*Pass.*—Anderson, C., Baker, F. J. S., Bangay, E. B. D., Braithwaite, R. F., Dale, L. F., Dalley, G., Dancer, J. B., Dastur, H. K., Dransfield, C. M., Harvey, M. W., Jones, S. A., Mullick, S., Nairac, M. L., Prothero, D. A., Stoddart, W., Taylor, G. R.

### University of Liverpool.

The following Diploma has been conferred:  
D.T.M.—Hawking, F.

### Conjoint Examination Board.

*Pre-Medical Examination, January, 1931.*

*Chemistry.*—Force Jones, R. J., Sugden, K. H.

*Physics.*—Sugden, K. H.

*Biology.*—Jopling, W. H., Sugden, K. H.

*First Examination for Medical Degrees, January, 1931.*

*Anatomy and Physiology.*—Bressler, D. M., Fletcher, C., Lyons, R., Ranganathan, K. S.

*Anatomy.*—de Freitas, A. J. S., French, J., Palmer, T. I.

*Physiology.*—Cooper, H., Jenkins, J. R. R., Kelnar, I., Noordin, R. M., Rassim, H. S.

*Materia Medica and Pharmacology.*—Clark, E. M., Cutlack, A. R., Davidson, R. T., Dodson, E. E., Hay-Shunker, C. L., Sablin, N. S., Saunders, S. B. H., Vacher, A., Wilson, J. S. H., Woodforde, A. R., Wright, P. M.

### Royal College of Surgeons.

The following were successful at the examination held for the *Primary Fellowship*:

Bryer, M., Davies, D. O., Lee, H. B., Raven, R. W., Shackman, R. Sinclair, C. G., Swain, V. A. J.

## APPOINTMENT.

WARD, W. ROY, M.B., B.S.(Lond.), appointed Senior Medical Officer to the Radium Institute, London.

## CHANGES OF ADDRESS.

GANDY, T. H., Brook House, Clunbury, Aston on Clun, Shropshire.

GIBBINS, H. B., 5, Southdown House, Silverdale Road, Eastbourne.

POSEL, M. M., P.O. Box 5868, Johannesburg, South Africa.

WARD, W. ROY, 71, Harley Street, W. 1. (Tel. Welbeck 4027.)

## BIRTHS.

ANDERSON.—On January 12th, 1931, at Ribblesdale House, Hornsey, N. 8, to Ivy ("Billie") (née Bilton), wife of Roy Shirras Anderson, M.R.C.S., L.R.C.P.—a daughter (prematurely), who died the following day.

CLAXTON.—On December 31st, 1930, to Muriel, wife of Dr. E. E. Claxton, The First House, Radnor Park Road, Folkestone—a son.

EMMONS.—On December 30th, 1930, at 36, Hyde Park Gardens, W. 2, to Ann and Robert V. B. Emmons—a son.

POTTS.—On January 8th, 1931, to Nancy (née Hepworth), wife of Dr. J. L. Potts, of Wilton Road, Salisbury—a daughter.

VISICK.—On January 16th, 1931, at 25, High Petergate, York, to Christine (née Ruegg), and Arthur Visick—a daughter.

## MARRIAGES.

CROSS—SPENCER.—On January 21st, 1931, at Dundee, Flight-Lieutenant B. W. Cross, Royal Air Force Medical Service, elder son of Dr. and Mrs. E. W. Cross, of Leytonstone, to Elizabeth Vera Spencer (née Warmolts).

MACDONALD—NEWBY-SIMONDS.—On January 19th, 1931, at St. Michael's Church, Bournemouth, by the Rev. Canon E. Moor, Vicar of St. Michael's, A. Robertson Macdonald, M.B., second son of the late Alex. Macdonald, of Highgate, to Joan, daughter of the late W. Newby-Simonds, of Birmingham.

## DEATHS.

AINGER.—On January 24th, 1931, at 7, Cadogan Place, S.W. 1, William Bradshaw Ainger, F.R.C.S.

BULL.—On December 27th, 1930, at Wooburn, Bucks, Agnes Bull (late Sister Faith), wife of the Rev. A. A. Bull.

## NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.

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